ORIGINAL

Notice of Exempt
Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

OMB APPROVAL

OMB Number: 3235-0076

Expires: December 31, 2008

Estimated average burden hours per response: 4.00

tem 1. Issuer's Identity		
Name of Issuer Pre	vious Name(s) None	Entity Type (Select one)
Adams Street Trust - Berkshire Fund V, L.P. Zinc Series	OCESSED	Corporation
Jurisdiction of Incorporation/Organization	- 1- 1	Limited Partnership
State of New York	AN 1 3 2009	Limited Liability Company General Partnership
		OCESSI G Business Trust
Year of Incorporation/Organization (Selectione)	Se Se	CUOTI X Other (Specify)
Over Five Years Ago	Yet to Be Formed JAN 0	/ 2009 Unit Investment Trust
(If more than one issuer is filing this notice, check this bottem 2. Principal Place of Business and Con	vvasnin itact Information ಕ	gion, DC
Street Address 1	Street Address 2	99
One North Wacker Drive, Suite 2200		
City State/Pro	ovince/Country ZIP/Postal Code	Phone No.
Chicago IL/U.S.A	. 60606	312.553.7890
em 3. Related Persons	irst Name	Middle Name
Last Name	inst mane	
	Street Address 2	
Street Address 1	Street Address 2	A STATE OF THE STA
One North Wacker Drive, Suite 2200		
City	vince/Country ZIP/Postal Code	
Chicago IL/U.S.A.	60606	09000437
Relationship(s): Executive Officer Director	r Promoter	·
Clarification of Response (if Necessary) Adams Stre	et Partners, LLC Is the Administrative	Agent
		X and attaching Item 3 Continuation Page(s).
tem 4. Industry Group (Select one)	nurrejuted persons by the county time our	
○ Agriculture	Business Services	Construction
Banking and Financial Services	Energy	REITS & Finance
Commercial Banking	Electric Utilities	Residential
O Insurance	Energy Conservation Coal Mining	Other Real Estate
Investing	Coal Mining Environmental Services	Retailing
Investment Banking	Oil & Gas	Restaurants
Pooled investment Fund		Technology
If selecting this industry group, also select one func type below and answer the question below:	. 0	Computers
Hedge Fund	Health Care Biotechnology	Telecommunications
Private Equity Fund	Health Insurance	Other Technology
Venture Capital Fund	Hospitals & Physcians	Travel
Other Investment Fund	O Pharmaceuticals	Airlines & Airports
Is the issuer registered as an investment	Other Health Care	Lodging & Conventions Tourism & Travel Services
company under the Investment Company Act of 1940? Yes No		Other Travel
Other Banking & Financial Services	Real Estate	_
0 0	Commercial	Other

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Item 5. Issuer Size (Select one)

ltem 4 above)	uer fund in
No Revenues OR No Aggregate Net Asset Value	
\$1-\$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	
\$25,000,001 - \$100,000,000	
Over \$100,000,000 Over \$100,000,000	
O Decline to Disclose O Decline to Disclose	
Not Applicable Not Applicable	
Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)	
Investment Company Act Section 3(c)	
Rule 504(b)(1) (not (i), (ii) or (iii)) Section 3(c)(1) Section 3(c))(9)
Rule 504(b)(1)(i) Section 3(c)(2) Section 3(c))(10)
Rule 504(b)(1)(ii) Section 3(c)(3) Section 3(c))(11)
□ Rule 504(b)(1)(iii) □ Section 3(c)(4) □ Section 3(c))(12)
Rule 505 Section 3(c)(5) Section 3(c)	(13)
Rule 506 Section 3(c)(6) Section 3(c))(14)
Securities Act Section 4(6) Section 3(c)(7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Item 7. Type of Filing	
New Notice OR	
Date of First Sale in this Offering: 12/2008	
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than one year? Yes No	
Does the issuer intend this offering to last more than one year? Yes No	
Does the issuer intend this offering to last more than one year? Yes No No No No No No No	
Does the issuer intend this offering to last more than one year? Yes No No No	
Does the issuer intend this offering to last more than one year? Yes No Item 9. Type(s) of Securities Offered (Select all that apply) Equity Pooled Investment Fund Interests Debt Tenant-in-Common Securities	
Does the issuer intend this offering to last more than one year? Yes	
Does the issuer intend this offering to last more than one year? Yes	
Does the issuer intend this offering to last more than one year? Yes	
Does the issuer intend this offering to last more than one year? Yes	

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Item 11. Minimum Investment										
Minimum investment accepted from an	y outside	e investor	r \$	0			<u>. </u>			
Item 12. Sales Compensation										
Recipient				Recipie	nt CRD N	Number				
N/A									No CRD N	Number
Associated) Broker or Dealer	None		-	(Associ	ated) Bro	oker or Dea	aler CRD Nu	mber		
								🗆	No CRD N	lumber
Street Address 1				Street A	ddress 2					
City		State/F	Province/	Country	ZIP. □ □	/Postal Co	de			
] [
States of Solicitation All States AL AK AZ AR	□ c <i>i</i>	4 ∏C	<u>~ П</u>	ст Г	DE		☐ FL	□ GA	Пн	□ ID
				ME [] MD	☐ MA		_	☐ MS	<u> </u>
MT NE NV NH	□ NJ			NY [] NC	ND	ОН	□ oĸ	OR	PA
RI SC SD TN	□тх		_	ντ [] VA	□ WA	_	□ WI	WY	☐ PR
(Identify additional person		g paid cor	mpensati	on by che	cking th	nis box	and attach	ning Item 12	2 Continuat	tion Page(s).
Item 13. Offering and Sales Am	Ounts						_		-	
(a) Total Offering Amount	\$ 20,00	00,000					OR	☐ Inde	finite	
(b) Total Amount Sold	\$ 20,00	00,000]	_		
	\$ O]]			
(Subtract (a) from (b))	* [*						OR	∐ Inde	efinite	
Clarification of Response (if Necessary)										
Item 14. Investors										
Check this box if securities in the offe number of such non-accredited investors						no do not e	qualify as ac	credited in	vestors, and	d enter the
		,						J		
P. A Ab . A	_1	L !	_4 _ 4 ! 4	ee t -						
Enter the total number of investors who	aiready i	nave inve	sted in th	ie otterin	g: _	4				
Item 15. Sales Commissions an	d Find	lers' Fe	es Exp	enses	ı					
Provide separately the amounts of sales of check the box next to the amount.	commiss	ions and f	finders' fe	es exper	ises, if a	ny. If an a	mount is no	ot known, p	rovide an e	stimate and
			S	ales Com	mission	s \$ 0			☐ Estim	nate
Clarification of Response (if Necessary)					ers' Fees				Estim	nate

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tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or is used for payments to any of the persons required to be named as explications or promoters in response to Item 3 above. If the amount is unknown in the conditions are the conditions of the amount.	ecutive officers, * [
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the To	erms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:
the State in which the issuer maintains its principal place of bus process, and agreeing that these persons may accept service or such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excha Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of busine	EC and the Securities Administrator or other legally designated officer of siness and any State in which this notice is filed, as its agents for service of in its behalf, of any notice, process or pleading, and further agreeing that y Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the inge Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the ss or any State in which this notice is filed. Important the issuer is not disqualified from relying on Rule 505 for one of
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require "covered securities" for ourposes of NSMIA, whether in all instances or	onal Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, re information. As a result, if the securitles that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot se and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
issuer(s)	Name of Signer
Adams Street Trust - Berkshire Fund V, L.P. Zinc Series	Michael J. Jacobs
Signature • 01	Title
Mishael Vacoto	Vice President
	Date
Number of continuation pages attached:	December 29, 2008

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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Item 3 Continuation Page

Last Name	First Name	Middle Name
French	Taylor	Bondurant
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chicago	IL/U.S.A.	60606-2823
Relationship(s): X Executive Officer	□ Promoter	
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Gantz	Wilber	Henry
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chicago	IL/U.S.A.	60606-2823
Relationship(s): Executive Officer	☑ Director ☐ Promoter	
Clarification of Response (if Necessary)		
- 		
Last Name	First Name	Middle Name
Holaday	Alva	Bart
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chicago	IL/U.S.A.	60606-2823
Cilcago		
Relationship(s): Executive Officer		
Relationship(s): Executive Officer		
Relationship(s): Executive Officer	□ Promoter □ Promoter □ Promoter	Middle Name
Relationship(s): Executive Officer Clarification of Response (if Necessary)	□ Promoter	Wells
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth Street Address 1	□ Promoter □ Promoter □ Promoter	Street Address 2
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth	First Name	Street Address 2 One North Wacker Drive, Suite 2200
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth Street Address 1	First Name John State/Province/Country	Wells Street Address 2 One North Wacker Drive, Suite 2200 ZIP/Postal Code
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth Street Address 1 c/o Adams Street Partners, LLC	First Name	Street Address 2 One North Wacker Drive, Suite 2200
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth Street Address 1 C/o Adams Street Partners, LLC City	First Name John State/Province/Country IL/U.S.A.	Wells Street Address 2 One North Wacker Drive, Suite 2200 ZIP/Postal Code
Relationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Puth Street Address 1 c/o Adams Street Partners, LLC City Chicago	First Name John State/Province/Country IL/U.S.A.	Wells Street Address 2 One North Wacker Drive, Suite 2200 ZIP/Postal Code

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Item 3 Continuation Page

Last Name	First Name		Middle Name
Callahan	Kevin		Thomas
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker Drive	, Sulte 2200
City	State/Province/Country	ZIP/Postal Code	
Chicago	IL/U.S.A.	60606-2823	
Relationship(s): X Executive Officer	☐ Director ☐ Promoter		
Clarification of Response (if Necessary)		<u> </u>	<u> </u>
Claimed to the point () the east of),			
Last Name	First Name		Middle Name
Fencik	John		Gary
<u> </u>		Street Address 2	
Street Address 1 c/o Adams Street Partners, LLC	<u> </u>	One North Wacker Drive	, Suite 2200
	State/Province/Country	ZIP/Postal Code	
City	IL/U.S.A.	60606-2823	
Chicago			
Relationship(s): 🔀 Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
Hupp	William	<u> </u>	John
Street Address 1		Street Address 2	
c/o Adams Street Partners, LLC		One North Wacker Drive	, Suite 2200
	State/Province/Country	ZIP/Postal Code	
Chicago	IL/U.S.A.	60606-2823	
Chicago	<u> </u>		
Relationship(s): X Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
	5 7 - A4		Middle Name
Last Name	First Name		<u> </u>
Last Name Lacobs	First Name Michaei	<u> </u>	John
Jacobs	Michaei	Street Address 2	John
Jacobs Street Address 1		Street Address 2 One North Wacker Drive	J <u>L</u>
Jacobs Street Address 1 c/o Adams Street Partners, LLC			J <u>L</u>
Jacobs Street Address 1 c/o Adams Street Partners, LLC City	Michael	One North Wacker Drive	J <u>L</u>
Jacobs Street Address 1 c/o Adams Street Partners, LLC City Chicago	State/Province/Country IL/U.S.A.	One North Wacker Drive ZIP/Postal Code	J <u>L</u>
Jacobs Street Address 1 c/o Adams Street Partners, LLC City	Michaei State/Province/Country	One North Wacker Drive ZIP/Postal Code	J <u>L</u>

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Item 3 Continuation Page

Last Name	First Name	Middle Name
Kevin	Quintin	lan lan
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chicago	IL/U.S.A.	60606-2823
Relationship(s): X Executive Officer	Director Promoter	
Clarification of Response (If Necessary)	<u> </u>	
Claim Callot of Response (in recessory)		
I and Name	First Name	Middle Name
Last Name	Joan	Workman
Newman		Street Address 2
Street Address 1		One North Wacker Drive, Suite 2200
c/o Adams Street Partners, LLC	State/Province/Country	
City	IL/U.S.A.	ZIP/Postal Code 60606-2823
Chicago	100,374	0000 2023
Relationship(s): X Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
Last Name	First Name	Middle Name
Gould III	Elisha	Perkins
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chicago	IL/U.S.A.	60606-2823
	Director Promoter	
Clarification of Response (If Necessary)		
Last Name	First Name	Middle Name
Mansell	Eric	Reed
Street Address 1		Street Address 2
c/o Adams Street Partners, LLC		One North Wacker Drive, Suite 2200
City	State/Province/Country	ZIP/Postal Code
Chlcago	IL/U.S.A.	60606-2823
Relationship(s): Executive Officer	Director Promoter	
Clarification of Response (if Necessary)		
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		(Lopy and use additional copies of this page as neces

